Application Instructions EMPLOYER ASSISTED HOME PURCHASE PROGRAM

- (1) Please complete the attached application and sign.
 - Attach a copy of a Picture ID for the Applicant and Co-Applicant.
- (2) Return the completed application and other documents to:

Housing Department

Attention: Andrea Wiggins

10 East Bay Street

Savannah, GA 31401

- (3) If any of the following conditions apply:
 - You are under contract to purchase a home
 - You have been approved by a lender
 - You have met with a lender and are in the process of getting approved

Please submit copies of the following documents along with your application to expedite processing. (* Indicates the documents that may be obtained from your Lender)

 *HUD Form 1003 (Lender Application)
 *Credit Report
 *Good Faith Estimate
 *Truth in Lending Disclosure
 Two recent check stubs of all buyers
Proof of other household income (i.e.: Child Support, SS, SSI, Retirement)
*Verification of Rents (if applicable)
*Sales Contract, including the Seller's Property Disclosure Statement
 Home Buyer Education Certificate
*Appraisal
*Commitment Letter from Lender
 Name of selected Closing Attorney
 with

(If you do not have an item from the above list, please make a notation of the missing item.)

- (4) If none of the above conditions apply, please provide us with a copy of your credit report (if you have obtained one).
- (5) Reminder of your 1st Mortgage Loan Terms and Conditions:
 - Must be approved by the Department of Housing
 - Maximum Interest Rate cannot exceed the Regional internet Rate plus 1.5%.
 - Must be a FIXED interest rate loan for the loan term
 - Maximum term is 30 years
 - Minimum term is 15 years
 - Cannot have a Balloon Payment
 - Maximum fees are 2% to 2.5% of the Loan amount
 - Maximum Debt-To-Income Ratio cannot exceed 45%
 - Maximum PITI-To-Income Ratio cannot exceed 33%
 - If this program is used in conjunction with another program, from any source, the most restrictive of the terms and conditions must be met.
 - (6) If you qualify for another program managed by the Department of Housing, you will be required to comply with the most restrictive of terms and conditions.

CITY OF SAVANNAH EMPLOYER ASSISTED HOME PURCHASE PROGRAM APPLICATION

APPLICANT INFORMATION								
Name:								
Date of birth:	SSN:		Phone:					
Current address:								
City:	State:		ZIP Code:					
Own Rent Other	Monthly payment or rent:\$		How long at this address?					
Previous address:								
City:	State:		ZIP Code:					
Owned Rented Other	Monthly payment or rent:\$		How long at this address?					
АР	PLICANT EMPLOYMENT IN	FORMATIO	N					
Employer: CITY OF SAVANNAH			Start Date?					
Department:	Employee ID#: Phone:							
City:	State:	ZIP Code:						
Position:	Hourly Salary (Please cir	rcle one)	Annual income:					
	CO-APPLICANT INFORM	IATION						
Name:								
Date of birth:	SSN:		Phone:					
Current address:								
City:	State:		ZIP Code:					
Own Rent Other	Monthly payment or rent:		How long?					
Previous address:		'						
City:	State:	ZIP Code:						
Owned Rented Other	Monthly payment or rent:		How long?					
CO-A	APPLICANT EMPLOYMENT	INFORMATI	ON					
Employer:			Start Date?					
Address:		Phone:						
City:	State:		ZIP Code:					
Position:	Hourly Salary (Please circle one)		Annual income:					
LIST AL	L OCCUPANTS OF HOUSE 1	O BE PURC	HASED					
NAME:	Relationship	AGE		Income/Benefit				
	Self							
Are you currently under contract t	Expected (Closing Date	of Home Purchase:					
YES NO								
Are you a " first time home buyer"*: YES NO								
*A first time home buyer is a person that has not been the owner-occupant of a home in the last three years or has been displaced from their home as a result of civil action or relocation								

APPLICATION INFORMATION CONTINUED									
Name of a relative not residing with	you:								
Address:	Phone:	Phone:							
City:	ity: State: ZIP Code:								
Relationship:									
CREDIT CARDS									
Name	Account no.	Current balance		Monthly payment					
	MORTGAGE COMPA	NY							
A cooper no .									
Account no.:	Address:								
A . 1	AUTO LOANS	D 1		3.6 .11					
Auto loans	Account no.	Balance		Monthly payment					
	THER LOANS DERTS OF S	PLICATION	ıc						
Description	Account no.	Amount	15						
Description	Account no.	Amount							
0	HER ASSETS OR SOURCES	S OF INCOM	IF						
Description		1	er month or va	ılue					
Authorization & Certification									
The undersigned applicant(s) author information reported above and on the bank to provide the DOH with copies. The applicant(s) also authorize the I process. The applicant(s) agree to pundersigned also understands that capproved of a loan. The undersigne and/or bank loan application is true Loan Application provided by the lense I hereby certify that I am:(ALL SIGN)	the DOH and/or bank loan apply of information obtained by the DOH to obtain his/her/their control to obtain the DOH with information ompleting this application produced applicant(s) certify that all and accurate. This application der.	plication. The bank and redit report(s tion it reque ocess should information n is an attac	is includes pereported to its as part of the sts in a timely not be constructed above the to the sts in a timely not be the sts in a timely not be the sts in a timely not be the sts in a timely not the sts in a timely not the sts includes the s	rmitting his/her/their by the applicant(s). his application manner. The ued as being a and on the DOH					
a US Citizen ora leg	_a legal alien								
Signature of Applicant	Date								
Signature of Co-Applicant	Date								